



CASINO KEY EMPLOYEE LICENSE RENEWAL APPLICATION

LICENSE

Licensed Position(s):

Date of Birth:

Sex: Maiden/Other Name:

<input type="checkbox"/> Yes, I am making corrections/additions below. (Type/Print)			
NAME:	Last	First	Middle
ADDRESS:	Street		
	City	State	Zip
POSITIONS:			
1. _____		2. _____	
3. _____		4. _____	
Date of Birth:	Month	Day	Year
FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> MAIDEN/OTHER NAME <input type="text"/>			

EXPIRATION date of your Employee License is

APPLICATION for Renewal must be submitted to the CASINO CONTROL COMMISSION BY:..... **5 MONTHS PRIOR TO EXPIRATION DATE**
****Failure to do so may result in the loss of your privilege to work in the Gaming Industry.****

YOUR RENEWAL FEE is: **\$750.00**

Make check payable to CASINO CONTROL FUND – DO NOT SEND CASH

***NOTE – YOU MUST COMPLETE THE ENCLOSED FINANCIAL STATEMENT AND INCLUDE ANY TAX RETURNS FILED WITH THE IRS SINCE YOUR LAST SUBMISSION.**

INSTRUCTIONS

Read and answer each question carefully and completely. Leave no question unanswered. TYPE and PRINT (in ink) all entries except your signature.

Send the ORIGINAL and ONE (1) COPY of both this COMPLETED FORM and the RELEASE AUTHORIZATION to the Casino Control Commission. Please use the enclosed envelope.

1. Home Phone # (include area code) Work Phone # (include area code)

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2. Are you now employed?

☐ Yes ☐ No If yes, please complete the following:

Name of Business	Address (Street, City, State, Zip)	Name of Supervisor

3. Are you now or have you been employed by any Casino/Hotel or applicant for a Casino/Hotel license since you received your initial license or your license renewal?

☐ Yes ☐ No If yes, please complete the following:

Name/Address of Casino/Hotel	From		To		Position(s) Held
	Month	Year	Month	Year	

(OVER)

4. Have you been reprimanded, suspended, terminated or asked to leave (for any reason) by an employer since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Name/Address of Employer	Nature of Action	Reason	Date

5. Have you had any license, work permit, or certificate to work in the casino gaming industry suspended, revoked, denied, or had any disciplinary action taken concerning it, in New Jersey or any other state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Action	Type of License, Permit Or Certificate	Gov't Agency Involved	Date of Action	Reason for Action

6. Have you been arrested, taken into custody, charged or indicted by any law enforcement authority for the alleged commission of a crime or other offense, including any high misdemeanor, felony, misdemeanor, or disorderly persons offense, in New Jersey or in any other state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Charge	Name and Address of Gov't Agency	Date of Charge	Disposition

7. Have you been convicted of a crime including a high misdemeanor, felony, misdemeanor, or disorderly persons offense in New Jersey or any other state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Charge	Name and Address of Court	Date of Disposition	Sentence

8. Have you been sued or named as a defendant or respondent (including matrimonial matters, negligence matters, contract matters, collection matters, debt matters, bankruptcies, etc.) in New Jersey or any state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Suit	Name and Address of Court	Date Filed	Names of Other Parties Involved	Disposition

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COMPLETE THIS SECTION AFTER ALL QUESTIONS HAVE BEEN ANSWERED.

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This affidavit must be signed by you and notarized by a person authorized to administer oaths in the State of New Jersey.

I hereby swear (or affirm) that the above statements are true and correct to the best of my knowledge and belief that this statement is executed with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient for the denial of an application or the revocation of a license.

Further, I voluntarily submit this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

Sworn and subscribed to before me
this _____ day of _____, 20_____
Notary Public _____

Applicant _____
Date _____

Please note that a valid notarization must contain a notary public's signature and either an embossed seal in which his/her name appear or his/her name stamped, typed, printed, or otherwise clearly and permanently affixed.

FINANCIAL STATEMENT

As of _____, 20 ____

NAME _____

RESIDENCE _____

POSITION LICENSED TO _____

BUSINESS ADDRESS _____

NOTE: Fill in all spaces; insert "NONE" where appropriate. If space is insufficient, separate schedules, which should be clearly identified as being part of this statement, may be attached hereto. Such schedules should be dated and signed in the same manner as this statement.

ASSETS		LIABILITIES and NET WORTH	
Cash on Hand	\$	Notes Payable to Banks – Unsecured Direct borrowings only (Sch. No. 1)	\$
Cash in Banks (Sch. No. 1)		Notes Payable to Banks – Secured (Sch. No. 1)	
Notes Receivable (Sch. No. 2)		Notes Payable to Others – Unsecured (Sch. No. 7)	
Accounts Receivable (Sch. No. 2)		Notes Payable to Others – Secured (Sch. No. 7)	
Loans Receivable (Sch. No. 2)		Accounts Payable (Sch. No. 7)	
Life Insurance – Cash Surrender Value (Do not deduct loans) (Sch. No. 3)		Loans against Life Insurance (Sch. No. 3)	
Securities – Readily Marketable (Sch. No. 4) U.S. Govt. & listed on Stock Exchanges		Real Estate Mortgages Payable (Sch. No. 8)	
Securities – Not Readily Marketable Unlisted stocks & bonds (Sch. No. 4)		Real Estate Taxes & Assessments Payable (Sch. No. 8)	
Mortgages Owned (Sch. No. 5)		Federal & State Income Taxes	
Real Estate (Sch. No. 6)		Other Taxes	
Automobile(s) Registered in own name		Interest Payable On loans, mortgages, etc.	
Other Assets (Itemize)		Brokers Margin Accounts (Sch. No. 9)	
		Other Liabilities (Itemize)	
		Net Worth	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORK	\$

SUPPLEMENTAL SCHEDULES

NOTE: The following data should be furnished as of the same date as this Financial Statement. Fill in all spaces; insert "NONE" where appropriate.

No. 1. *Banking Relations* – List all bank accounts, including savings accounts:

Name and Location of Bank	Cash Balance	Credit Line	Amount of Loan	Monthly Loan Payments	Indicate How Loan is Endorsed, Guaranteed or Secured
	\$	\$	\$	\$	

No. 2. *Notes, Accounts and Loans Receivable* – List the amounts owed to you:

Name and Address of Debtor	Amount of Debt	Age of Debt	Nature of Debt	If Secured, Describe Security	Date Payment Expected
	\$				

No. 3. *Life Insurance* – List all policies in which you are named as the insured:

Beneficiary	Insurance Company	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	If Assigned, Indicate To Whom
			\$	\$	\$	

No. 4. *Securities* - List all stocks, bonds, etc.:

Face Value (Bonds) No. of Shares (Stocks)	Description of Summary	Registered Owner(s)	Cost	Market Value	Book Value	If Pledged, Indicate To Whom
			\$	\$	\$	

No. 5. *Mortgages Owned*

Location & Description of Mortgage Properties	Assessed Value	Market Value	Amount of Owned Mortgage	Mortgage Interest Due & Unpaid	Indicate if First or Second Mortgage	Amount of Prior Mortgage
	\$	\$	\$	\$		\$

Mortgage Income – During the 12 month period ended _____, 20____, I received interest payments of \$_____ and principal payments of \$_____ on the above described mortgages.

No. 6. *Real Estate*

Location & Description of Owned Properties	Cost with Improvements	Assessed Value	Market Value	Book Value	Annual Gross Rental Income	Annual Net Rental Income (Before Depreciation)
	\$	\$	\$	\$	\$	\$

Title to Real Estate – The title to all of the above described properties is in my name solely, except as follows (give details):

No. 7. *Notes and Accounts Payable* - List the amounts owed by you:

Name and Address of Creditor	Amount Of Debt	Age Of Debt	Nature of Debt	If Secured, Describe Security	Date Payment Expected to be Made
	\$				

No. 8. *Real Estate Mortgages Payable* - List all mortgages on the above properties; follow the sequence:

First Mortgages		Second Mortgages		Mortgage Payments Due Within One Year	Mortgage Interest Due & Unpaid	Taxes and Assessments Due & Unpaid
Amount	Maturity	Amount	Maturity			
\$		\$		\$	\$	\$

No. 9. *Brokers Margin Accounts* - List the names and addresses of the brokers and indicate the net amount due to each: _____No. 10. *List all Credit Cards and Rented Credit Lines:*

Income and Expense - My gross income from all sources during the 12 month period ended _____, 20____, amounted to \$_____. My personal living expenses and those of my dependents during that period amounted to \$_____, and I had other expenses for income taxes, insurance premiums, interest on debts, etc., of \$_____. I expect no important changes in my income or expenses during the current year or next year, except as follows (give details): _____

Contingent Liabilities - As of the date of this financial statement, I had no contingent liabilities, except as follows: Notes Receivable Discounted or Sold \$_____; Accounts Receivable Assigned or Sold \$_____; Co-maker \$_____; Accommodations Endorser; Guarantor of Survey \$_____; Mortgage Bonds \$_____; Leases \$_____; Claims for Taxes \$_____; Other (describe): _____

Pledged, Assigned or Hypothecated Assets - Describe all assets not noted elsewhere in this statement as having been pledged, assigned or hypothecated and indicate the liabilities which they secure: _____

As of the date of this financial statement, I had not pledged, assigned, hypothecated or transferred the title to any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows (give details): _____

***Tax Returns** - Submit with this form your most recent Federal Income Tax Return.

Insurance Coverage - Fire Insurance: Buildings \$_____; Automobile(s), Household Effects, etc. \$_____; Indicate if policies have extended coverage endorsement: _____; Liability Insurance; Automotive \$_____; Personal \$_____; General Public \$_____; Other Insurance (describe): _____

Date of latest independent analysis of insurance: _____; Indicate adequacy of coverage: _____

Certification - This is to certify that all the statements contained herein and in any supporting schedules are true and give a correct showing of my financial condition as of the date indicated. I further certify that I had no liabilities, direct or contingent, business or accommodation, except as set forth in this statement, and that the title to all assets therein set forth is in my name solely, except as may be otherwise noted. IN THE EVENT OF ANY MATERIAL ADVERSE CHANGE IN MY FINANCIAL CONDITION, I AGREE TO NOTIFY THE CASINO CONTROL COMMISSION IMMEDIATELY IN WRITING.

Signed this _____ day of _____, 20____

(Signature)

**CASINO CONTROL COMMISSION
CASINO/KEY EMPLOYEE RENEWAL FINGERPRINT RECEIPTS**

NAME:

DOB:

RENEWAL YEAR:

LICENSE #:

FINGERPRINT #:

**SOCIAL SECURITY #:

YOU MUST:

- CALL THE DIVISION OF GAMING ENFORCEMENT AT (609) 441-3050 TO SCHEDULE AN APPOINTMENT FOR FINGERPRINTING PRIOR TO SUBMITTING YOUR RENEWAL APPLICATION. **PLEASE CALL AT LEAST TWO WEEKS IN ADVANCE OF YOUR SUBMISSION DEADLINE.**
- BRING THIS FORM AND YOUR CURRENT EMPLOYEE LICENSE TO YOUR FINGERPRINT APPOINTMENT. IT WILL BE STAMPED TO VERIFY FINGERPRINTS HAVE BEEN TAKEN.
- ATTACH COPY OF THIS STAMPED RECEIPT CONFIRMING YOU HAVE BEEN FINGERPRINTED TO YOUR RENEWAL APPLICATION AT TIME OF SUBMISSION TO THE CASINO CONTROL COMMISSION.

FOR OFFICIAL USE ONLY

**In accordance with section 5 of the Privacy Act, 5 U.S.C. 522a, disclosure of your social security number is voluntary.

LICENSES CAN NOW BE MAILED

If you are employed at a licensed New Jersey casino (excluding Resorts) and hold a valid license or registration, your new credential may be obtained through the mail. Once you receive notification that the Commission has approved your license/registration, take your notification card and your current credential to your employer's licensing/personnel office. They will take a picture that you then drop off at the Commission's inspection booth on the casino floor (along with the notification card). Your license will be mailed within seven days. This process applies to casino/key employees obtaining a renewal, or a temporary or initial license/registration of another category; a casino service employee obtaining a temporary or plenary license; a temporary licensee obtaining a temporary renewal or plenary license/registration. Contact your licensing department for details or you may call a renewal section representative at 609-441-3017 or e-mail at kkindle@ccc.state.nj.us.

FEDERAL INCOME TAX RETURN FILING REQUIREMENTS

Casino key employees are required to file a copy of ALL federal income tax returns filed with the Internal Revenue Service since their last submission, whether it was an initial application or previous renewal. In most cases this will probably be equivalent to four years of income tax returns. If you wish to verify the last tax return filed, you may call a renewal section representative or e-mail at kkindle@ccc.state.nj.us.

FIVE MONTH FILING DEADLINE

All applications for the renewal of an employee license must be filed with the Commission no later than the last day of the month which is five months prior to the expiration of their current license. Any licensee who does not renew their license by this deadline will have to apply for a new license and pay the initial license application fee (\$750.00 plus billable hours for a 2-year license). The licensee will not be permitted to work after the expiration of their current license unless the new license is issued.

RENEWAL LICENSE DOWNGRADE

Casino key employee renewal applicants are permitted to modify their license at the time of renewal to a casino employee license or a casino service employee registration (CSER). If you wish to renew your license as a casino employee, you must submit the Application to Downgrade Employee License (ADEL) form along with the casino employee renewal form and \$250.00 renewal fee. If you are filing as a CSER you must submit the ADEL form along with the \$60 registration fee and a casino-hotel must petition for the registration on your behalf. You may contact the renewal section for details on the filing requirements or email at kkindle@ccc.state.nj.us.